



COUNTY OF MAUI
DEPARTMENT OF PLANNING
250 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
TELEPHONE: (808) 270-7735 FAX: (808) 270-7634

APPLICATION TYPE: ARBORIST COMMITTEE PLAN REVIEW

DATE: _____

PROJECT NAME: _____

PROPOSED DEVELOPMENT: _____

TAX MAP KEY NO.: _____ **CPR/HPR NO.:** _____ **LOT SIZE:** _____

PROPERTY ADDRESS: _____

OWNER: _____ **PHONE:(B)** _____ **(H)** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OWNER SIGNATURE: _____

APPLICANT: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (B): _____ **(H):** _____ **FAX:** _____

APPLICANT SIGNATURE: _____

AGENT NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE (B): _____ **(H):** _____ **FAX:** _____

EXISTING USE OF PROPERTY: _____

CURRENT STATE LAND USE DISTRICT BOUNDARY DESIGNATION: _____

COMMUNITY PLAN DESIGNATION: _____ **ZONING DESIGNATION:** _____

OTHER SPECIAL DESIGNATIONS: _____

ARBORIST COMMITTEE PLANS REVIEW FORM

NOTE: **APPLICANT MUST COMPLETE THIS FORM AND ATTACH TO
LANDSCAPING AND IRRIGATION PLANS PRIOR TO SUBMITTING TO
PLANNING DEPARTMENT FOR APPROVAL.**

NAME OF PROJECT: _____ **TMK #:** _____

CONTACT PERSON: _____ **PHONE:** _____

LANDSCAPE ARCHITECT: _____

DATE OF SUBMITTAL: _____

PLAN REQUIREMENTS:

1. NUMBER OF LOTS IN SUBDIVISION _____

2. IRRIGATION DETAILS (Specify Type) _____

3. TREE SCIENTIFIC NAME(s) _____

4. TREE COMMON NAME(s) _____

5. TREE SIZES(s) _____

6. TREE COUNT _____

7. TREE ROOT BARRIERS (Type) _____

8. TREE STAKING DETAILS (Type) _____

9. GROUND COVER DETAILS (Name) _____

10. DATE OF PLANTING & IRRIGATION PLANS _____

OWNER/DEVELOPER IS REQUIRED TO MAINTAIN PLANTING FOR A MINIMUM OF
ONE YEAR OR UNTIL LOT IS SOLD, WHICHEVER IS GREATER

COUNTY OF MAUI
DEPARTMENT OF PLANNING

ZONING AND FLOOD CONFIRMATION REQUEST FORM

APPLICANT: _____ PHONE NO.: _____

ADDRESS: _____

PROJECT NAME: _____

ADDRESS AND/OR LOCATION: _____

TMK NUMBER(S): _____

ZONING INFORMATION

STATE LAND USE _____ COMMUNITY PLAN _____

COUNTY ZONING _____ SPECIAL DISTRICT _____

OTHER _____

FLOOD INFORMATION

FLOOD HAZARD AREA* ZONE _____

BASE FLOOD ELEVATION _____ mean sea level, 1929 National Geodetic
Vertical Datum or for Flood Zone A0, FLOOD DEPTH _____ feet.

FLOODWAY [] Yes or [] No

FLOOD DEVELOPMENT PERMIT IS REQUIRED [] Yes or [] No

* For flood hazard area zones B or C; a flood development permit would be required if any work is done in any drainage facility or stream area that would reduce the capacity of the drainage facility, river, or stream, or adversely affect downstream property.

FOR COUNTY USE ONLY

REMARKS/COMMENTS: _____

- ☐ Additional information required.
- ☐ Information submitted is correct.
- ☐ Correction has been made and initialed.

Reviewed and Confirmed by:

Signature
Zoning Administration and Enforcement Division

Date